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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SMITH HULSEY & BUSEY

Account Number : 075030000653 : (904)359-7700 Phone Fax Number : (904)359-7708

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email Address: ___yountw@shands.utl.edu

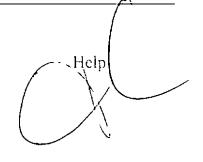
REGISTERED AGENT CHANGE

FIRST COAST HEART AND VASCULAR AT FLAGLER HEALTH+, I

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Fax;

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	provisions of sections 607,0302, 617,0302, 607,1308, or 617,1308. Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: First Coast Heart And Vascular At Flagler Health+, Inc.
2. The principal	office address: 400 Health Park Blvd , St. Augustine, FL 32086
	address (if different):
4. Date of incorp	poration qualification: 07/06/2022 Document number: P22000054669
	d street address of the current registered agent and registered office on file with the atment of State: (If resigned, enter resigned)
	Jill Berry
	Jill Berry 100 Whetstone Place, Suite 203 Saint Augustine, FL 32086
	Saint Augustine, FL 32086
6. The name and (if changed):	d street address of the new registered agent (if changed) and for registered office
	Thomas William Young
	3007 SW Williston Rd, Ste 1120
	Gainesville, FL 32608
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. What is a free or type a name and title of the change.
l further agrée : af my duties, on dociment is bei	t the appointment as registeled agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance not I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. I hereby confirm that the s been notified in writing of this change.
J.	onswell y 8/18/2023
	ehalf of an entity:
Thomas William	n Young
	yied or Printed Founc
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04-13)